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GENDER DIFFERENCES IN HELP-SEEKING BEHAVIORS AMONG ADOLESCENTS: INITIAL FINDINGS FROM THE RIALTO HIGH WELLNESS CENTER

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GENDER DIFFERENCES IN HELP-SEEKING BEHAVIORS AMONG ADOLESCENTS:
INITIAL FINDINGS FROM THE RIALTO HIGH WELLNESS CENTER

By

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A capstone project submitted for Graduation with University Honors

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Abstract

Previous research has observed gender differences in the prevalence of mental health problems and mental health help-seeking behaviors, which peak during adolescence. However, the majority of this work has been conducted in the laboratory, rather than in real-life school settings, leaving open questions about ecological validity. The current study aims to analyze contemporary mental health help-seeking trends in a sample of high school students who utilized a school-provided mental health counseling center called “The Wellness Center” at Rialto High School in Rialto, California. Our questions are: 1) Are there gender differences in the frequency of and reasons for visits to The Wellness Center?; 2) Does the strength of these differences remain stable over time, particularly before and after the onset of the COVID-19 pandemic?; and 3) Are any observed gender differences moderated by grade level (9th-12th)? We leveraged three data sets of students from the years 2018-2019 (n = 391), 2019-2020 (n = 145), and 2021-2022 (n = 56) from Rialto High School. The reasons for visit that were analyzed were anxiety and depression, anger management, family issues, and relationship issues. Using Pearson chi-square tests, we found a significant relationship between gender and frequency of reasons for visit, and that girls visited qualitatively more for all reasons except for anger management. Comparing Pearson chi-square values, we found that the strength of the association between gender and frequency of reason for visit was significant but not as strong after the onset of the COVID-19 pandemic. Finally, we found that grade level moderated this association in that the number of visits made by girls for anxiety and depression significantly increased from 10th to 11th grade. These findings may add to the literature a better understanding of mental health trends among adolescents, as well as inform The Wellness Center’s objectives in how they may best serve their student’s anticipated mental health needs.

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Introduction

As of today, many students at the high school level struggle with mental health and wellness and either underutilize or lack the resources they need to cope with their struggles. Mental health is heavily stigmatized, and yet a growing issue amid a pandemic. According to the World Health Organization (WHO), one in ten adolescents experience a mental health disorder, and the most common cause of illness and disability in this age group are “depression, anxiety, and behavioural disorders” (World Health Organization, 2021).

To aid students in maintaining their mental health, Rialto High School has implemented a resource called the “Wellness Center.” It is a separate room on campus that resembles a therapy office – cozy couches, soft lighting, etc. The goal of this program is to provide a resource that is solely dedicated to helping students maintain their mental health. It is run by a licensed counselor who provides one-on-one and group counseling to all students who utilize the Wellness Center.

The objective of this study is to analyze gender differences in the utilization of the Wellness Center, whether these differences exist within grades and across grades, and if these differences change across time. By doing this, we will be able to determine how this program is catering to students by accessing trends in which groups make most frequent visits and trends in the types of visits sought out by particular gender groups and grade groups. The significance and benefit of this study is that it may add to the literature a better understanding of help-seeking behaviors among adolescents in a real-world setting, as well as inform the program’s objectives in how they may best serve their student’s anticipated mental health needs.

Mental Health Services in Public Schools

The discussion for both the need for better mental health services for students and more research on the impacts of these services on students began in the 1990's when it was observed that many students were facing an unmet need for their mental well-being which led to unfavorable life consequences (Flaherty et al., 1996). While school guidance counselors have primarily been the ones to provide mental health counseling and have developed this role over time (Lockheart and Keys, 1998), their capacity to help multiple students is limited by their assigned caseloads. While most high schools contain approximately 700-800 students, each counselor is capable of only meeting a handful of students in a given day and may not meet the demands of all students. When asked about their feelings on bringing in professionals to help the students, one study demonstrated an agreement among school counselors and administration that bringing in mental health professionals would be beneficial for the overall school and students (Brown et al., 2006). Over the years, schools have implemented their own forms of mental health services (such as the Wellness Center of Rialto High School) in various parts of the country, and since then there have been many discussions on how to transform school counseling to better serve students (Keys et al., 1998).

The current study aims to identify patterns in mental health help-seeking behaviors among adolescents, which may help school mental health programs and counseling centers implement specific and effective counseling methods for their students. Understanding the anticipated mental health needs of a student based on their demographics may lead to better counseling outcomes for each student.

Gender Differences in Help-Seeking Behaviors and Prevalence Among Adolescents

Gender Differences in Prevalence

Research has found gender differences among adolescents in the manifestation and maintenance of their depressive symptoms. Avison and Mcalpine (1992) found that compared to boys, adolescent girls experience higher levels of depressive symptoms. Psychological resources seem to be one of the key factors in the maintenance of depressive symptoms, specifically that mastery and social support in adolescents are associated with lower levels of depression for females, and that self-esteem may especially buffer depressive symptoms for both genders. Avison and Mcalpine (1992) emphasize the implication that schools who wish to implement mental health programs may help their students by teaching them how to boost their self-esteem, and that it may be of particular benefit to enhance “sense of mastery or their perceptions of social support” for female adolescents. Such interventions may be of particular relevance for the Wellness Center.

One explanation of these gender differences may lie in the way men and women maintain dimensions of the self and socialize with their peers. Women typically have higher rates of internalizing disorders while males have higher rates of externalizing disorders, and males and females differ in the boundaries they draw between themselves and others (Rosenfield et al., 2000).

To expand on this, a study conducted by Nolen-Hoeksema (1991) found that women tend to focus on their depressed mood and engage in behaviors that cause them to think about their depressive emotions, symptoms, and implications of this mood. This attentiveness can lead to further negative emotions, negative self-evaluations and perceptions, and negative explanations

for failures, which lead to increased future helplessness in the face of adversity. In contrast, men who experience depressive moods or symptoms typically cope by shifting their attention elsewhere, which may alleviate these negative emotions and provide them with a sense of autonomy over their environment. In other words, women tend to ruminate on negative moods which may prolong and exacerbate their depression, whereas men use avoidant coping mechanisms which may alleviate their negative moods (Nolen-Hoeksema, 1991). These gender differences in mental health emerge in adolescence, as this time period is typically known to bring on stress associated with physiological changes, development of interpersonal relationships, and new stages of cognitive/emotional development (Kaczmarek & Trambacz-Oleszak, 2021). Based on these prior findings, we hypothesized that the girls in our study would visit for depression/anxiety and issues regarding relationships significantly more than boys.

Gender Differences in Help-Seeking Behaviors

Women typically show higher help-seeking behaviors and positive attitudes towards mental health than males (Ang et al., 2004). Adolescents especially tend to have negative attitudes towards help-seeking behaviors. In a study by Do and colleagues (2019), it was again found that boys are less likely to seek help than girls. Because boys do not commonly demonstrate help-seeking behaviors, we predicted that boys would visit the Wellness Center less frequently than girls. Importantly, this does not imply that male adolescents struggle less with mental health issues, but rather that they are not seeking help for their issues- a point to which I return in the discussion and particularly how to reach students who may maintain negative attitudes towards help-seeking for mental health, given that teaching adolescents how to recognize the need for help can increase their help-seeking behaviors (Do et al., 2019).

Gender Differences in Mental Health Across Adolescence

Gender differences in mental health emerge around the time of puberty. Various explanations as to why these differences emerge include differences in cognitive processes (such as rumination), handling feminine stereotypes, and research showing that girls tend to be more impacted by negative family events, such as divorce or other forms of family trauma, more so than boys (Hankin & Abramson, 1999). We are interested to see if the strength of these gender differences in mental health are moderated by period of adolescence (early vs. late), which we can attempt to analyze by comparing this relationship across grade levels. Studies have analyzed the presence of these gender differences in childhood vs. adolescence to establish when these differences manifest (Hankin & Abramson, 1999), but few studies have compared gender differences in mental health during early vs. late adolescence. One study looking at major depressive episodes among adolescents demonstrated that prevalence rates rise from 11.2% for 12–13-year-olds to 21.9% for 16-17-year-olds (National Institute of Mental Health, 2022). It is possible that gender differences may not vary between these periods of development and that prevalence rates may rise for both genders, but we hypothesize that the increasing quantity of stressors that present themselves during late adolescence may heighten gender differences. It is possible that the more stressful years of high school, particularly junior and senior year, may lead to higher numbers of visits to the Wellness Center during this time. The stress of grades, SAT scores, and college applications may have a higher impact on female students given that adolescent girls are significantly more vulnerable to school-related stress than boys (Kaczmarek & Trambacz-Oleszak, 2021). In addition, previous studies have shown that girls typically mature sooner than boys, which may also exacerbate anxiety related to such matters regarding their future (Giedd et al., 1999).

Gender Differences in Mental Health During the Pandemic

As if mental health issues were not already a growing problem among adolescent populations, the COVID-19 pandemic served as a deliverance of new kinds of stress and onsets of depression and anxiety. It's expected that the experience of isolation, adapting to online learning, and fear of contracting a novel deadly virus might introduce further mental health problems among adolescents. According to one study, the global prevalence of depression and anxiety symptoms among children and adolescents during the pandemic doubled compared to prevalence rates before the onset of COVID-19 (Racine et al., 2021).

The literature has done well in its attempt to keep up with the impacts of the rapid life changes brought on by the pandemic. One study found through student self-reports that the major stressors of the pandemic for adolescents included “social isolation, schoolwork stress, fear of COVID-19 illness, and missing events” (Styck et al., 2021) In addition, high school students, compared to middle and elementary school students, reported significantly higher stress due to school work and that female high school students had significantly higher stress scores than their male counterparts in all major stressor categories except schoolwork stress. Explanations of these findings should be further explored, but this implies that while the pandemic affected all adolescents, it may have had a stronger impact on females than males.

Despite this finding, another study demonstrated that while “continuous symptom change” worsened significantly more for women in the domains of anxiety and general mental health, this difference was small, and overall mental health outcomes did not differ by sex or gender in terms of worsening outcomes during early COVID-19 compared to pre-COVID (Dal Santo et al., 2022). This diverges from what previous research would have predicted and

suggests that the occurrence of the pandemic might have moderated the height of sex differences in mental health. Thus, while similar COVID-19 studies on adolescents suggest that women may still experience higher stress than males during the pandemic (Styck et al., 2021), the size of these differences may be smaller compared to pre-pandemic, and we might see higher help-seeking behaviors among male adolescents after the onset of the pandemic due to higher rates of mental health issues. Another possibility is that the shared experience of quarantine may have diminished shame towards expressing mental health issues, given everyone validates the pandemic as a reason for developing issues with one's mental health, resulting in higher rates of help-seeking behaviors among boys.

Exploratory Review on Hispanic/Latinx Values

Research has shown that cultural values influence the likelihood of students to seek mental health counseling or general aide and found that students who value "Interdependent Orientation and Cultural Obligation" in Latinx and Asian cultures were less likely to seek help and more likely hold negative views towards mental health (Zhou et al., 2021). The majority of the population at Rialto High School is Hispanic/Latinx. As of the 2021-2022 school year, approximately 90% of the student body was Hispanic (National Center for Education Statistics, 2022). Those students who maintain these cultural values may hold a stigma to mental health counseling and refrain from seeking the help they might need. Only one of the three data sets obtained for this study contains information on each student's ethnicity, so this variable was not included in our analysis. However, because the major population of Rialto High School is Latinx/Hispanic, discussions on how to reach these students and counsel them effectively given their tendency towards these values should be considered. Especially in Latinx cultures, males

are less likely to display help-seeking behaviors and are found to maintain stigmas towards mental health (DuPont-Reyes et al., 2020).

Hypotheses

Based upon the above literature, I present three research questions and subsequent hypotheses:

Q1: Are there gender differences in the frequency of and reasons for visits to The Wellness Center?

H1: Girls will visit the Wellness Center significantly more than boys.

H1a: Girls will visit for all reasons except anger management significantly more than boys.

Q2: Does the strength of any observed gender differences remain stable over time, particularly before and after the onset of the COVID-19 pandemic?

H2: The strength of any observed gender differences will decrease after the onset of the COVID-19 pandemic.

Q3: Are any observed gender differences moderated by grade level (9th-12th)?

H3: Grade level will moderate the relationship between gender and frequency of visit in that girls will make more visits during 11th and 12th grade than in 9th and 10th grade, thus heightening gender differences in mental health during late adolescence.

Methods

The goal of this study was to analyze the manifestation of the previous findings by seeing if these gender differences in mental health/psychopathology present themselves in the frequency

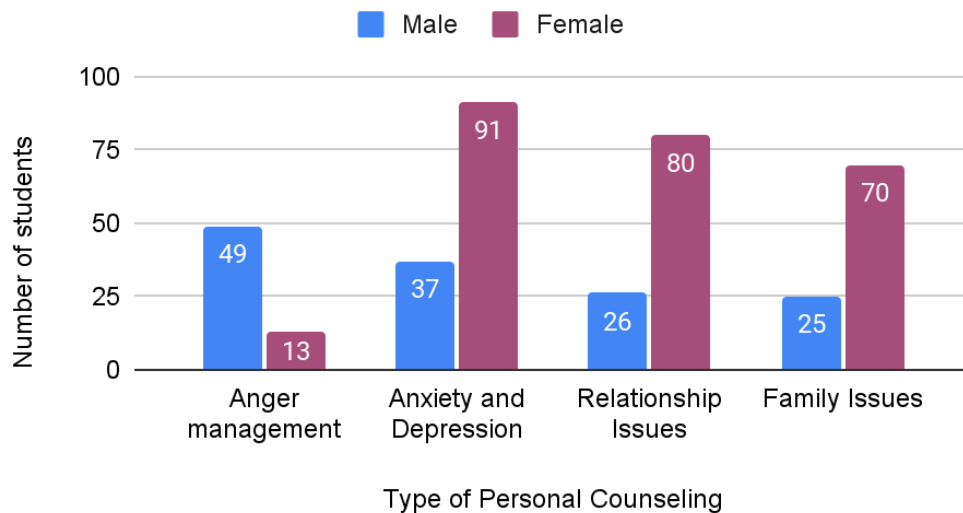
and reasons for counseling visits made by the high school students of Rialto High School. The current study analyzed past data on high school students of Rialto High School from the ages of approximately 14-18 years old. We leveraged data sets from the school years 2018-19 (n= 1077), 2019-20 (n= 784), and 2021-22 (n= 516). The data sets were de-identified and only contained information on each student's gender, grade, and reason for visit. While various reasons for visit existed, we focused only on the most prominent reasons for personal counseling sought out by students, which were anger management, anxiety and depression, family issues, and relationship issues; all other reasons for visit were excluded from our analysis. In addition, there were few student entries for “non-binary” (n= 3) and “prefer not to say,” (n= 4), but due to the significantly small n-value for this category of students we excluded them from our analysis. There were also few entries with no gender identity entered for the student (n= 5), which we also excluded from our analysis. After these exclusions, our sample sizes were as follows: 2018-19 (n= 391), 2019-20 (n= 145), and 2021-22 (n=56). For our *H1*, we completed Pearson chi-square tests to test the relationship between gender and frequency of reason for visit. For our *H1a*, since a statistical test was not possible with categorical predictors, we looked at qualitative patterns of any observable gender differences. For *H2*, we compared Pearson chi-square values across each data set to determine any differences in the significance of the relationship between gender and frequency of visit. Finally, for our *H3*, we completed Pearson chi-square tests to test the relationship between gender and grade categorized by each reason for visit.

Results

Analysis of Gender Differences in Frequency of Reason for Visits

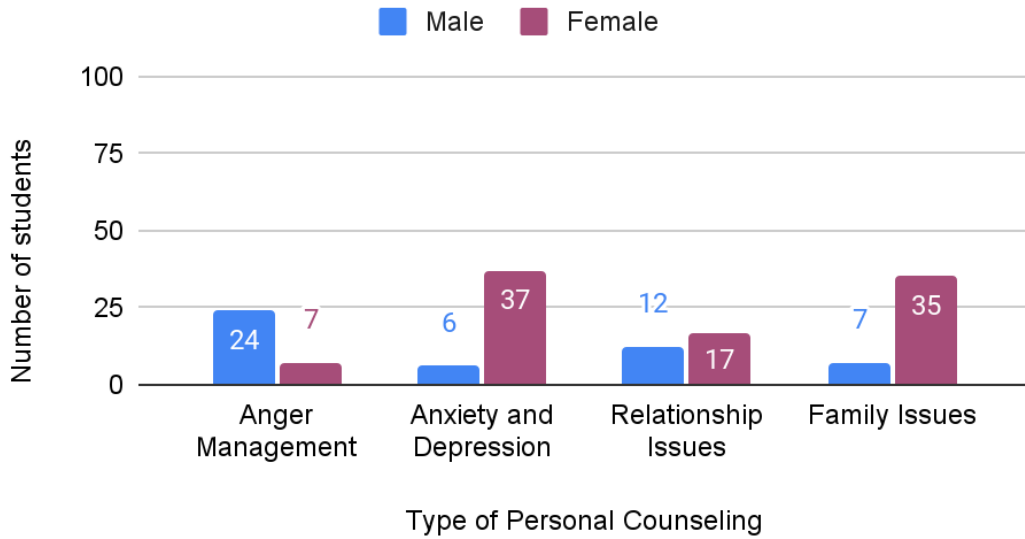
Using Pearson chi-square tests, we observed a significant relationship between gender and reason for visit for the years 2018-2019 ($\chi^2 (1, n = 391) = 63.154, p < .001$) and 2019-2020 ($\chi^2 (1, n = 145) = 40.188, p < .001$). For the year 2021-2022, the relationship remained significant but not as strong ($\chi^2 (1, n = 56) = 6.239, p = .044$). Looking at qualitative patterns in the data, girls visited significantly more for all reasons except anger management in the year 2018-2019 and 2019-2020. We observed a shift in the 2021-2022 year in the family issues category in that there was a greater number of boys visiting for family issues in 2021-2022 than girls.

Frequency of visits, 2018-2019



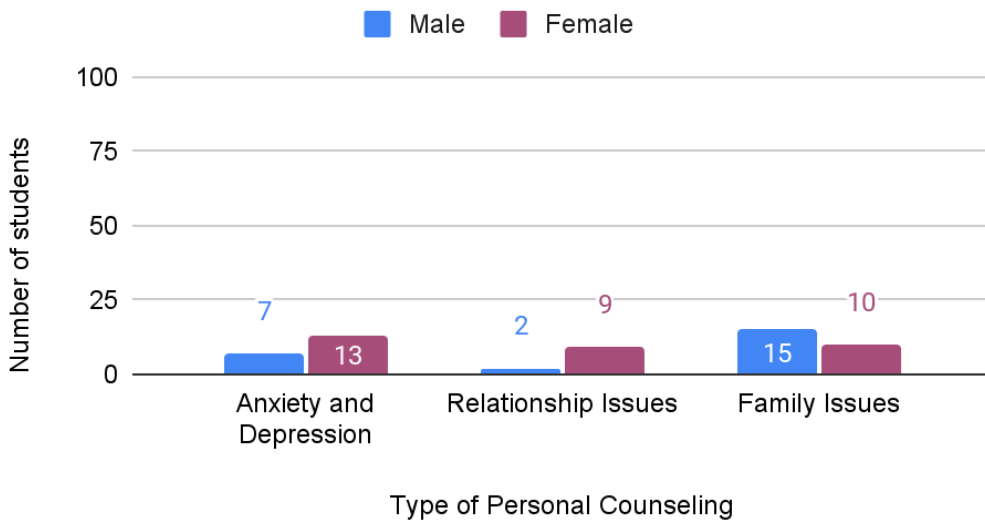
Frequency of visits made by girls and boys for the 2018-2019 school year categorized by each reason, n=391

Frequency of visits, 2019-2020



Frequency of visits made by girls and boys for the 2019-2020 school year categorized by each reason, n=145.

Frequency of visits, 2021-2022



Frequency of visits made by girls and boys for the 2021-2022 school year categorized by each reason, n=56.

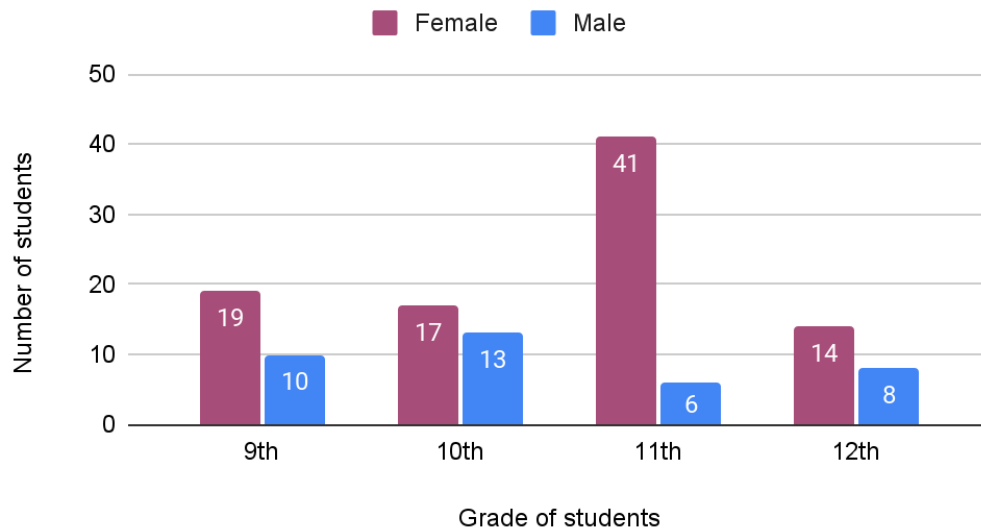
**No student visits for anger management made in this data set*

Grade as a Moderator of Associations between Gender and Frequency of Visits for Anxiety and Depression

To see if grade level was a moderator of gender and reason for visit, I ran Pearson chi-squares of gender with respect to grade level for each reason across all data sets. Upon looking at our frequencies, I noticed a shift in numbers of girls visiting the Wellness Center from 10th to 11th grade. Therefore, I selected for 10th and 11th grade and completed Pearson chi-square tests for gender x grade for each of the four reasons across all three data sets combined. The chi-square values were nonsignificant for anger management ($\chi^2 (1, n = 391) = .178, p = .673$), family issues ($\chi^2 (1, n = 391) = .011, p = .915$), and relationship issues ($\chi^2 (1, n = 391) = .009, p = .925$), suggesting that grade does not moderate the relationship between gender and visits for these reasons. For anxiety and depression, the chi-square value obtained was near-significant ($\chi^2 (1, n = 391) = 2.760, p = .097$), so I decided to analyze further by looking at the data set with the greatest sample size, which is 2018-2019 (n = 391). For the anxiety and depression chi-square of gender x grade (10th and 11th) for the year 2018-2019, the value was significant ($\chi^2 (1, n = 391) = 9.205, p = .002$), suggesting that grade moderates this relationship in that the transition between 10th and 11th grade correlates with higher visits from girls for anxiety and depression. I completed this same gender x grade chi-square for only anxiety and depression between 9th and 10th grade, as well as for 11th and 12th grade. When only looking at 9th and 10th grade, grade was not found to be a moderator for gender and visits for anxiety and depression ($\chi^2 (1, n = 391)$

= .486, $p = .486$). When looking at 11th and 12th grade, the chi-square values were significant in that the number of females visiting for anxiety and depression went back down ($\chi^2 (1, n = 391) = 5.160, p = .023$).

Visits Made for Anxiety and Depression, 2018-2019



Number of visits made by boys and girls for anxiety and depression across grades during the 2018-2019 school year, $n=128$.

Discussion

Our first question was whether there were gender differences in the frequency of reasons for counseling visits made by the high school students in this study. Using Pearson chi-square tests, we observed a significant relationship between gender and reasons for visit for all data sets. This corresponds with past literature that finds that girls typically have higher rates of mental health issues (Avison and Mcalpine, 1992) and display higher help-seeking behaviors (Do et al., 2019). It is unclear whether or not this relationship is a result of gender differences in prevalence

or gender differences in help-seeking behaviors. It could be the case that boys are experiencing anxiety and depression at similar levels as girls but are not making visits to the Wellness Center for these issues. To address this, the Wellness Center more recently implemented “Wellness Checks” for students, which is a survey they fill out at least once a week, but can also fill out at any time during school, allowing students to report possible feelings of anger, stress, depression, etc. If a student responds that they are experiencing negative moods, the Wellness Center receives a notification, and the student is given the option to go to the Wellness Center by their teacher. This helps the school more accurately monitor prevalence rates of the school and outreach to students who have a harder time performing help-seeking behaviors. Future studies that wish to distinguish or compare prevalence and help-seeking behaviors can use surveys like this which may further explain counseling trends among adolescents.

In addition, I wanted to know which categories of reason for visit displayed significant gender differences, to which I predicted that girls would visit significantly more than boys for all reasons except anger management. Due to categorical predictors, statistical analysis was not possible to test this hypothesis, so I proceeded with a qualitative analysis of possible patterns. It was observed that there was a much higher level of girls visiting for anxiety and depression, relationship issues, and family issues than boys, and a higher level of boys visiting for anger management than girls in the 2018-2019 and 2019-2020 data set. Qualitative patterns were more difficult to assess in the 2021-2022 data set given the smaller sample size, but one important observation was that in the family issues category, boys were now making more visits than girls. While it is unclear whether this difference is significant, it is apparent that the number of boys reporting/seeking help for family issues doubled between the 2019-2020 and 2021-2022 school year. It is important to note that during the 2020-2021 school year, schooling was completely

virtual, leaving kids to spend the majority of their time at home. Thus, one possible explanation for this trend is that boys may have had a tougher time with this transition than girls and may have experienced family issues at a higher rate. However, it is also possible that the higher number of visits made by boys for family issues that year is a result of a single student making multiple visits, which we cannot determine given that it is not possible to track individual students in the de-identified data sets. Therefore, reasons for this finding should be further explored in future research.

Our second question was whether or not the experience of the pandemic would affect the strength of gender differences in counseling visits. Comparing Pearson chi-square values of gender x reason for visit by each year, we observed that the relationship between these two variables remained significant but not as strong between 2019-2020 (before the pandemic officially began) and 2021-2022 (coming back to school after living in the pandemic for about a year). One possible explanation for this is that prevalence rates rose for both girls and boys as a result of social isolation, family issues, and/or stress of online schooling. An increase in prevalence may result in an increase in help-seeking among boys, given that stigma towards mental health among men may be mitigated by the fact that everyone is experiencing similar symptoms that source from a globally shared experience. Another possible explanation is that prevalence rates were already similar between boys and girls, but the occurrence of the pandemic mitigated stigma towards mental health which encouraged boys to voice their mental health struggles.

Finally, our last question was whether or not grade level would moderate the relationship between gender and frequency of reasons for visit. It was found that grade level moderated the associations between gender and frequency of visits for anxiety and depression. Counseling

visits made by girls for anxiety and depression rose significantly from 10th to 11th grade, which parallels the transition from early to late adolescence. This suggests that this is a uniquely vulnerable time for girls that may induce feelings of depression and anxiety. While it is important that girls are disclosing their depression and anxiety, we must also consider students who experience this as well but are not disclosing it. Given the observed pattern, schools can work to outreach students transitioning for 10th to 11th instead of relying on them to seek help themselves. There are various possible reasons for why this transition brings on depression and anxiety among students and particularly girls. First, as discussed previously, schoolwork stress, such as SAT's, college applications, etc., may cause anxiety in students. It is unknown if this transition brings on anxiety for all students, and our result is a consequence of lower help-seeking among boys, or if this transition brings on anxiety for girls in particular. Because we cannot be sure which is the case, schools should provide resources and preparation for this transition for all students, as opposed to just girls, should they choose to do so. Second, it could also be the result of girls maturing slightly quicker than boys (Giedd et al., 1999). This may result in girls maintaining matters regarding their future to a higher importance, which may lead to depression or anxiety. Further explanations for this trend should be explored in future studies.

Limitations

There were several limitations to this study, the first of which is that the sample sizes got progressively smaller with each data set. This was a result of the students not finishing the school year in person in the 2019-2020 school year, resulting in no more visits made after March of that school year, and the counselor who collected the data being reassigned to a different school mid-year during the 2021-2022 school year. In an ideal study, our sample sizes would be similar to that of 2018-2019's data set across all years. With larger sample sizes, we would be able to make

claims about our results more confidently. This limitation particularly applies to the second research question, which is whether or not gender differences would change before vs. after the pandemic. We observed that gender differences in frequency of reason for visit were significant but not as strong after the pandemic, as the p -value rose from $p < .001$ in 2019-2020 to $p = .044$ in 2021-2022. This could be a result of the smaller sample size of the 2021-2022 data set ($n = 56$). Thus, we cannot say with confidence that this change in significance may be a result of the pandemic. Future studies should aim to obtain larger sample sizes to analyze this relationship with more confidence. Furthermore, since the data sets were de-identified, it was not possible to track individual students, thus the statistical frequencies obtained represent the number of visits made by students as opposed to the number of students making visits.

Another limitation is that the population of our sample was not racially diverse, given the majority of students are Hispanic/Latinx (National Center for Education Statistics, 2022). Therefore, we cannot generalize these findings to schools with different racial demographics, especially considering Latinx and Asian American cultural views and stigmas towards mental health (Zhou et al., 2021). Future studies should aim to have more inclusive samples if possible. Furthermore, this study limited gender selections to “male” and “female”. This was a decisive choice given the small number of students who identified as “non-binary” in the sample sets, but future studies should aim to include non-binary and transgender youth, who are known to struggle more with mental health and yet are highly overlooked (Grant et al., 2011).

For my H1a hypothesis, I was limited in my analysis due to categorical predictors, therefore it cannot be inferred where the gender difference lies in terms of reasons for visit. For example, we observe that girls visit qualitatively more for relationship issues, but are not able to determine if this difference is statistically significant. What we do know is that the distribution of

girls and boys at Rialto High School is approximately 50/50; as of the 2021-2022 school year, the number of female and male students was 1434 and 1420, respectively. Therefore, we can say that differences in frequency of visit are not a result of differences in population size of girls vs. boys. We are able to make assumptions of significance in anxiety and depression given previous literature (Avison and Mcalpine, 1992), but future studies may wish to explore further into gender differences in areas such as relationship issues and family issues.

Last, anxiety and depression are grouped together in this study, but it is possible that each student who made this type of visit may have been experiencing either depression *or* anxiety, rather than both at the same time. While depression and anxiety tend to be comorbid, it would be of value to complete a similar study that distinguishes the two to obtain more detailed findings of prevalence and help-seeking trends for depression and anxiety separately.

Future Directions

Foremost, future studies should aim to include more racially diverse sample sizes (white, Black, Asian, mixed race, etc.) to address the generalizability of these findings. We may or may not find different trends among different racial and ethnic populations as a result of varying cultural views on mental health. In addition, future studies should aim to include transgender and non-binary students in their samples, given this study only includes “male” and “female” genders.

This study aligns with previous findings that girls typically struggle more with their mental health, or at least voice and seek help for their struggles, significantly more than boys. Schools should proceed in applying these findings with caution. On one hand, it is important to address that girls are reporting high numbers of personal and mental health issues. On the other

hand, we do not know if the low number of visits made by boys is a result of lower prevalence or lower help-seeking behaviors. Therefore, schools should work to outreach to all students. As previously mentioned, the SEL checkups used by the Rialto High Wellness Center are a good example of how schools can pinpoint their more vulnerable students while still providing equal opportunities for counseling to all students.

Furthermore, it is of value that we continue to study how the experience of the pandemic may have impacted boys and girls. The finding that boys began to visit more than girls for family issues after the pandemic is suggestive of these impacts, but due to limitations this type of finding should be further explored in studies looking at consequences of social isolation for children and adolescents.

Conclusion

In conclusion, our results support previous findings, and demonstrate that adolescent girls show higher levels of help-seeking behaviors. Girls in this study visited the Wellness Center significantly more than boys, and qualitative trends demonstrate that they visit more for anxiety and depression and relationship issues, and boys visit more for anger management. Girls visited more than boys for family issues except for the 2021-2022 school year, where boys visited more for this reason than girls. The strength of these differences seemed to decrease after the pandemic compared to before the pandemic, but further research is needed to support the claim that COVID-19 pandemic mitigated gender differences in help-seeking behaviors. Finally, grade moderated gender differences in visits for anxiety and depression in that girls visit significantly more for anxiety and depression transitioning from 10th to 11th grade, which is comparable to transition from early to late adolescence. The findings of this study pose future pathways for

research and possible applications for the Wellness Center and other school-provided counseling centers.

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